STATE OF HAWAII CERTIFICATE OF ELIGIBILITY TO CLAIM PREFERENCE AS A HAWAII SOFTWARE DEVELOPMENT BUSINESS AS DEFINED BY SECTION 103D-1006, HRS

(Authorized Officer	's Name)		
	of		
(Office or Position	Held)		(Name of Offeror)
certify that the principal plac	e of business or ancillar	y headqua	arters of
	(Name of offeror)		
is located in the State of Hav	,	ress:	
			;
and that the above named o	ffice was opened on the	following	date:
and, that eighty percent (809	%) of the	(Na	me of Offeror)
employees who will be perfo	rming the work on the s	oftware de	evelopment project described in
RFP/IFB No	are domiciled	in Hawaii.	To the best of my knowledge, the
names and residence addre	sses of the employees v	who will pe	erform the work are as follows:
(Name)			(Address)
(Name)			(Address)
News			(Address)
Name)			(Address)
(Name)			(Address)

(Name)	(Address)
(Name)	(Address)
(Name)	(Address)
Mama)	(Addrson)
Name)	(Address)
(Name)	(Address)
(Nama)	(Addross)
(Name)	(Address)
Name)	(Address)
(Name)	(Address)
(reality)	(riddiess)
(Name)	(Address)
Name)	(Address)
(Attach a continuation sheet if necessary.)	,
(Attach a continuation sheet if necessary.)	
I further certify that any changes in the person	
Contract Administrator or purchasing agency's	Contact person identified in the RFF/IFB.
	Signature of Authorized Officer
	Print Name and Title
	Date